

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

AVINGERHOUSINGAUTHORITY

Avinger,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD50075) ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: AvingerHousingAuthority

PHANumber: TX101v01

PHAFiscalYearBeginning:(mm/yyyy) 04/03

PHAPlanContactInformation:

Name:MargaretLowrimore

Phone:903/562 -1026

TDD:

Email(ifavailable):avingerha@texramp.net

PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(selectallthat apply)

- ☒ Mainadminis trativeofficeofthePHA
☐ PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- ☒ Mainadministra tiveofficeofthePHA
☐ PHAdevelopmentmanagementoffices
☐ Mainadministrativeofficeofthelocal,countyorStategovernment
☐ Publiclibrary
☐ PHAwebsite
☐ Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- ☒ MainbusinessofficeofthePHA
☐ PHAdevelopmentmanagementoffices
☐ Other(listbelow)

PHAProgramsAdministered :

PublicHousing andSection8 ☐Section8Only ☒PublicHousingOnly

AnnualPHAPlan
FiscalYear2003
[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

Optional

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinothersectionsofthis Update.

AvingerHousingAuthorityisintheprocessofre-evaluatingflatrents .

Nochangeshavebeenmadetoanypolicies.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A. X Yes:Is thePHAeligibletoparticipateintheCFPinthe fiscalyearcoveredbythisPHAPlan?

B.WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrantforthe upcomingyear?\$ 61,747.00

C. X Yes:DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes, completetherestofComponent7.Ifno,skiptonextcomponent.

D. CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentB

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment C

3.D DemolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethis section.

1. X No: DoesthePHAplantconductanydemolitionordispositionactivities(pursuantto section18oftheU.S.HousingActof1937(42U.S.C.1437p))intheplanFiscalYear? (If“No”,skiptonextcomponent;if“yes”,completeoneactivitydescriptionforeach development.)

2.ActivityDescription

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY) _____
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.7 - 9(k)]

A. X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached as Attachment (Filename) _____
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included _____
- ☐ Yes ☐ No: below or _____
- ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- XX Other: (list below) No residents came to the meeting See Attachment E

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5 -year Plan:

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

No changes have been made to the 5 -year plan.

B. Significant Amendment or Modification to the Annual Plan:

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

2000 & 2001 will be closed shortly. 2002 - is on schedule and will be closed in a timely manner.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section ____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ; check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENTB**AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:AvingerHousingAuthority		GrantTypeandNumberTX21P10150103 CapitalFundProgram : CFP CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2003	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> ReserveforDisaster s/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	1,300.00			
4	1410Administration	800.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	14,114.00			
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	44,325.00			
11	1465.1DwellingEquipment —Nonexpendable	1,208.00			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$61,747.00			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

ATTACHMENTB

Annual Statement/Performance and Evaluation Report

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

[illegible]

ATTACHMENTB**AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII :SupportingPages**

PHAName:AvingerHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P10150103 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX101-HA								
101-HA-1	Providefundsfortraining	1408		1,300.00				
	SUBTOTAL	1408		\$1,300.00				
101-HA-2	Providefundsforsundryitems	1410		800.00				
	SUBTOTAL	1410		\$800.00				
101-HA-3	Hireaconsultanttoassistinannualplan	1430		2,200.00				
101-HA-4	Providefundsforontechnicalhelp	1430		2,505.00				
101-HA-5	Hireanonsiteinspector	1430		1,359.00				
101-HA-6	Hireanarchitecttodevelopplansand specifications	1430		7,250.00				
101-HA-7	Providefundsforreproduction	1430		800.00				
	SUBTOTAL	1430		\$14,114.00				
	HAWIDENEEDSTOTAL			\$16,214.00				

or(CFP/CFPRHF)

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAAvingerHousingAuthority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:20 05 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
TX101 -001		37,733.00	45,733.00	45,733.00	40,733.00
TX101 -HA		24,014.00	16,014.00	16,014.00	21,014.00
CFPFundsListedfor 5-yearplanning		\$61,747.00	\$61,747.00	\$61,747.00	\$61,747.00
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

Part II:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	TX101 -001	Replaceallkitchen cabinetsincluding countertops,stainless steelsinks	30,120.00	TX101 -001	Replaceallkitchen cabinetsincluding countertops,stainless steelsinks	31,080.00
Statement		Purchaserangesand refrigerators	5,373.00		Purchasecommercial washersanddryers	7,037.00
		Makeunitsreadytorent	2,240.00		Purchaserangesand refrigerators	5,373.00
					Makeunitsreadytorent	2,240.00
TotalCFPEstimatedCost			\$37,733.00			\$45,733.00

CapitalFundProgramFive -YearActionPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	TX101 -001	Replaceexistingtub surround,bathtubs,and allbathfixtureswith new	27,909.00	TX101 -001	Replaceexisting sidewalkswithnew	35,733.00
Statement		Replacecommodeswith newwatersavertypes	17,824.00		RepairorreplaceA/ Cas needed	5,000.00
TotalCFPEstimatedCost			\$45,733.00			\$40,733.00

CapitalFundProgramFive -YearActi onPlan

PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	TX101 -HA	Upgradesoftwarefor computer	2,000.00	TX101 -HA	Providefundsfor training	1,300.00
Statement		Purchasenewcomputer, printer,copierandfax machinefo roffice	6,000.00		Hireaconsultantto assistanannualplan	2,000.00
		Providefundsfor training	1,300.00		Providefundsfornon technicalhelp	2,505.00
		Hireaconsultantto assistanannualplan	2,000.00		Providefundsforsundry items	800.00
		Providefundsfornon technicalhelp	2,505.00		Hireanonsiteinspector	1,359.00
		Providefundsforsundry items	800.00		Hireanarchitectto developplansand specifications	7,250.00
		Hireanonsiteinspector	1,359.00		Providefundsfor reproduction	800.00
		Hireanarchitectto developplansand specifications	7,250.00			
		Providefundsfor reproduction	800.00			
TotalCFPEstimatedCost			\$24,014.00			\$16,014.00

CapitalFundProgramFive -YearActionPlan

PartII: SupportingPages —WorkActivities

Activities for Year1	Activities for Year:4 FFYGrant:2006 PHAFY:2006			Activities for Year:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	TX101 -HA	Provide funds for training	1,300.00	TX101 -HA	Provide funds for training	1,300.00
Statement		Hire a consultant to assist in annual plan	2,000.00		Hire a consultant to assist in annual plan	2,000.00
		Provide funds for non technical help	2,505.00		Provide funds for non technical help	2,505.00
		Provide funds for sundry items	800.00		Provide funds for sundry items	800.00
		Hire an on-site inspector	1,359.00		Hire an on-site inspector	1,359.00
		Hire an architect to develop plans and specifications	7,250.00		Hire an architect to develop plans and specifications	7,250.00
		Provide funds for reproduction	800.00		Provide funds for reproduction	800.00
					Maintenance equipment	5,000.00
Total CFPE Estimated Cost			\$16,014.00			\$21,014.00

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	

9140 -VoluntaryTenantPatrol	
9150 -Physic allImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarized abovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequ iredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

9110 –ReimbursementofLawEnforcem ent					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicat ors
1.							
2.							
3.							
9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Sour ce)	PerformanceIndicators
1.							
2.							
3.							
9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherF unding (Amount/Source)	PerformanceIndicators
1.							

2.							
3.							
9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Angela Brown

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): July 2002 until July 2003

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: July 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor Leif Lawimore

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Avinger Housing Authority falls within the Federal Register 24 CFR 903 guidelines. Residents were notified requesting volunteers to participate as Resident Advisory Board members in the development plan. We received no response to this request. The Housing Authority had made the proposed plan and all information relevant to the public hearing available to the public and Residents for inspection at least 45 days before the hearing. A notice was published as to when the hearing would be held and invited Resident and public comment. The Housing Authority conducted the hearing, no Residents or members of the community attended. The Governing Board of Directors approved the plan as is.

ATTACHMENT F: Deconcentration and Income Mixing

In accordance with the final rule 903(2)(b)(2) exempts “ public housing developments operated by a PHA with fewer than 100 public housing units”.

ATTACHMENTH:VOLUNTARYCONVERSIONINITIALASSESSMENTS

- A. HowmanyofthePHA’sdevelopmentsaresubjecttotheRe quiredInitial Assessments.Project001
- B. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?Allgeneraloccupancy
- C. HowmanyAssessmentswereconductedforthePHA’scovereddevelopments?

One“CHAS”report

- D. IdentifyPHAdvelopments thatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:

DevelopmentName	NumberofUnits

- E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments.

Conversionatthistimewouldhaveadverseaffectontheavailabilityofaffordable housinginourcommunityatthistime.

ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:AvingerHousingAuthority		GrantTypeandNumberTX21P10150102 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement (revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:12/31/02 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	3,300.00			
4	1410Administration	3,305.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	9,409.00			
8	1440SiteAcquisition				
9	1450SiteImprovement	42,085.00			
10	1460DwellingStructures	2,240.00			
11	1465.1DwellingEquipment —Nonexpendable	1,408.00			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	61,747.00			
21	Amountoffline20Re latedtoLBPAactivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName:AvingerHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P10150102 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX101-001								
101-001-1	Completemarkitem –Replaceexisting sewerlineswithnewPVClines	1450		42,085.00				
	SUBTOTAL	1450		42,085.00				
101-001-2	Makeunitsreadytorent	1460		2,240.00				
	SUBTOTAL	1460		2,240.00				
101-001-3	Purchaserangesandrefrigerators	1465	2ea	1,408.00				
	SUBTOTAL	1465		1,408.00				
	TX101 -001TOTAL			45,733.00				

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName:AvingerHousingAu thority		GrantTypeandNumber CapitalFundProgram#: TX21P10150102 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptio nofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX101-HA								
101-HA-1	Providefundsfortraining	1408		1,300.00				
101-HA-2	Hireaconsultanttoassistinannualplan	1408		2,000.00				
	SUBTOTAL	1408		3,300.00				
101-HA-3	Providefundsforontechnicalhelp	1410		2,505.00				
101-HA-4	Providefundsforsundryitems	1410		800.00				
	SUBTOTAL	1410		3,305.00				
101-HA-5	Hireanonsiteinspector	1430		1,359.00				
101-HA-6	Hireanarchitect	1430		7,250.00				
101-HA-7	Providefundsforreproductionofprints	1430		800.00				
	SUBTOTAL	1430		9,409.00				
	HAWID ENEEDSTOTAL			16,014.00				

Part III: Implementation Schedule

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ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:AvingerHousingAuthority		GrantTypeandNumberTX 21P10150101 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:12/31/02 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCos t		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	2,500.00		2,500.00	
4	1410Administration	3,305.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	9,409.00		7,250.00	
8	1440SiteAcquisition				
9	1450SiteImprovement	49,246.00		20,781.06	
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable	1,408.00			
12	1470NondwellingStructures				
13	1475Nondwelling Equipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	65,868.00		30,531.06	
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

PartII:SupportingPages

SmallPHAPlanUpdatePage 35

ATTACHMENTH

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

PHAName:AvingerHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P10150101 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajo rWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX101-HA								
101-HA-1	Hireaconsultanttoassistwithannu al plan	1408		2,500.00		2,500.00		
	SUBTOTAL	1408		2,500.00		2,500.00		
101-HA-2	Hireparttimehelp	1410		2,505.00				
101-HA-3	Providesundryfunds	1410		800.00				
	SUBTOTAL	1410		3,305.00				
101-HA-4	Hireanonsiteinspector	1430		1,359.00				
101-HA-5	Hirearchitecttodevelopplansand specifications	1430		7,250.00		7,250.00		
101-HA-6	Providefundsforreproduction	1430		800.00				
	SUBTOTAL	1430		9,409.00		7,250.00		
	HAWIDENEEDSTOTAL			15,214.00		9,750.00		
	GRANDTOTAL							

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:AvingerHousingAuthority	GrantTypeandNumberTX21P1015 0100 CapitalFundProgram: CFP Capital FundProgramReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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☒OriginalAnnualStatement
 ☐ReserveforDisasters/Emergencies
 ☐RevisedAnnual Statement(revisionno:)
☒PerformanceandEvaluationReportforPeriodEnding:12/31/02
 ☐FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	5,000.00	4,000.00	4,000.00	
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCo sts	10,130.00	10,012.46	10,012.46	8,199.96
8	1440SiteAcquisition				
9	1450SiteImprovement	9,519.00	9,466.61	9,466.61	9,466.61
10	1460DwellingStructures	37,062.00	37,062.00	37,062.00	37,062.00
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment		4,019.93	4,019.93	1,302.99
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	2,850.00			
18	1498ModUsedforDevelo pment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	64,561.00	64,561.00	64,561.00	56,031.56
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline2 0RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII: SupportingPages

PHAName:AvingerHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P10150100 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX101-001								
101-001-1	Replacesidewalkswithnew	1450		9,519.00	9,466.61	9,466.61	9,466.61	
	SUBTOTAL	1450		9,519.00	9,466.61	9,466.61	9,466.61	
101-001-2	Replaceexteriordoorlockswithnew	1460	32du	3,562.00	3,562.00	3,562.00	3,562.00	
101-001-3	Paintexteriorofunits	1460	32du	33,500.00	27,500.00	27,500.00	27,500.00	
101-001-4	Refurbishbathrooms	1460	4du		6,000.00	6,000.00	6,000.00	
	SUBTOTAL	1460		37,062.00	37,062.00	37,062.00	37,062.00	
	TX101 -001TOTAL			46,581.00	46,528.61	46,528.61	46,528.61	

ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName:AvingerHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P10150100 CapitalFundProgramReplacementHousingFactor#:				FederalFYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX101-HA								
101-HA-1	Hireparttimehelp	1410		4,000.00	4,000.00	4,000.00		
101-HA-2	Providesundryfunds	1410		1,000.00				
	SUBTOTAL	1410		5,000.00	4,000.00	4,000.00		
101-HA-4	Hireanonsiteinspector	1430		2,380.00				
101-HA-5	Hirearchitecttodevelopplansand specifications	1430		7,250.00	7,250.00	7,250.00	5,437.50	
101-HA-6	Providefundsforreproduction	1430		500.00	262.46	262.46	262.46	
101-HA-7	Hireaconsultanttoassistwithplan	1430			2,500.00	2,500.00	2,500.00	
	SUBTOTAL	1430		10,130.00	10,012.46	10,012.46	8,199.96	
101-HA-8	Purchasemower	1475			2,716.94	2,716.94		
101-HA-9	Purchasenewcomputer,andprinter	1475			1,302.99	1,302.99	1,302.99	
	SUBTOTAL	1475			4,019.93	4,019.93	1,302.99	
101-HA-10	Relocationofresidentsduringpainting process	1495		2,850.00				
	SUBTOTAL	1495		2,850.00				
	HA WIDENEEDSTOTAL			17,980.00	18,032.39	18,032.39	9,502.95	

Part III: Implementation Schedule

[illegible]